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## **Evaluation of Riverside County's MHSA Three Year Expenditure Plan**

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### **Consumer and Family Involvement**

Riverside describes a comprehensive outreach effort that is complemented and further strengthened with the MHSA additional funding support. The county described the inclusion of consumers and families in the planning. The plan describes a process that shifted from one that was system-driven system to a family and consumer driven system. The committee would like to extend a special commendation to the contract provider that assured consumer/family input, provided support for that input and for the care and specificity with which the county responded to public input on the draft plan. *However, there was no evidence of outreach to homeless individuals on the street or in board and care homes during the planning process. The Adult FSP proposal includes outreach to homeless, streets, and other homeless or near-homeless sites.*

The plan is outstanding in the manner they consider the inclusion of diverse populations. The hiring of consumers and families in leadership and direct service status is refreshing. The plan acknowledges the need to do more for the Native American community and provides a good step toward greater inclusion.

The plan manifests concerns with the tremendous need to address the Asian and Latino populations and realizes the need to reach out more systematically and consistently to the Native American populations. Demographic data for Riverside County challenges all service system especially the rapidly growing Latino population. The fact that there is recognition that more than 38,000 potential Latino clients are not being served, and demonstrates the critical need to involve this community in the long-term implementation of this plan. The system will change as this large population becomes a central player in this transforming effort.

### **OAC Concerns:**

- The plan describes excellent approaches to continue to include critical populations of consumers, family members while at the same time recognizes the importance of cultural competence. *There is no indication that the Stakeholder Leadership Committee will continue to guide implementation. Will it?*

- The Plan is inclusive of the disabled community and proposes remedies for individuals affected primarily with conditions associated with impaired hearing and vision. *Children/Youth and Adults with developmental disabilities are referred to but no plan is developed for this unique and challenging population.*

#### **OAC Recommendation:**

- The OAC appreciates the inclusion of individuals affected by AIDS/HIV. *Reinforcement of this aspect of the plan should include a statement that this inclusion shall be an ongoing effort.*

#### **Fully Served, Underserved/Inappropriately Served, Unserved:**

Chart A is comprehensive and presents challenging data that includes the high disproportion of service delivered to the various ethnic groups. The conservative definition of 'fully served' is to be commended. The plan is generous in serving a significant number of consumers (over 2,000) with MHSA funds but also realizes the dramatic need in the Latino community (38,000 un-served) and in the Asian community (3,500) un-served). In summary, the demographic picture indicates that a dramatic number of consumers (regardless of race or ethnicity) are currently receiving no or insufficient care. Discussions including traditional and natural healing strategies should be central in reaching out.

#### **OAC Concerns:**

- *Outreach strategies could be more specific, and include efforts beyond language translation and use of community groups.* In general, the ethnic outreach would be strengthened by the identification of specific goals and targets.
- It is interesting to note that the 2000 Census for Native American shows 18,168 as compared to Chart A with 13,330. Has this population changed that much in five years? County staff should be commended for sharing this very important aspect of their challenge. The significant number of Native Americans in the county needs special and concentrated effort to be actively included in this plan. *Does the county have concrete plans for outreach to the Native American community?*

#### **Wellness/Recovery/Resilience:**

The plan is very progressive in advancing the inclusion of consumers and family members in the actual implementation and expansion of services described in the plan. The plan moves toward wellness by describing integrated, inclusive and creative approaches to service delivery. The Plan makes extraordinary efforts to include strategies that are inclusive of diverse communities and recognizes the need to outreach to hard to reach communities such as the Native Americans.

#### **OAC Concerns:**

- *More refined descriptions of specific diverse populations need to be reviewed in the plan.* Generalization of consumers is done but no specific populations are identified. Chart A should be the central focus of reference.
- *Gender disparities are identified in the problem/needs assessment portion of this Plan. However, no specifics for addressing these disparities are identified.*

- *The Plan would be strengthened by the identification of specific goals for ethnic populations.*

## **Education and Training and Workforce Development**

As with all other counties, the human resource needs are extensive and will be hard to fill. On page 50, the plan includes several activities regarding the existence of comprehensive training draft to be revised and implemented “immediately.”

Training of consumers and families, staff training opportunities are described throughout the body of the plan. *Is the training plan something that would be useful for other counties?* Consumer and family member employment is clearly laid out throughout Riverside’s plan. This is one of the strongest points raised by this plan. Riverside considers the inclusion of consumers and families as central support for community education and outreach. Expansion of this effort is included in the plan.

### **OAC Concerns:**

- The hiring of qualified bilingual/bicultural personnel seems to be the central strategy for achieving cultural competence with undefined training goals. The plan raises concerns and a strong desire to be responsive to the needs of non-English speaking population and makes use of various techniques to better and more accurately communicate with consumers and families. *Specifics, in both goals and training plans, would be helpful.*

## **Collaboration:**

Riverside describes a comprehensive collaborative effort from the start. The number of organizations, public and non-public is evident. Age-specific program plans include consistent identification of collaborative partners in implementation. This is a strong element of this plan. There is evidence of involvement of other care partners in the planning process throughout the county plan. Labor, Veterans, police, education, and faith communities were all involved in the process of planning.

### **OAC Concerns:**

- Reviewers were unable to identify cultural/ethnic organizations and community based organizations. County interagency collaboration was well identified, but non-county. CBO’s were hard to identify. *The plan would benefit from more clarification as to which organizations are community based and cultural organizations .*
- *No evidence of a plan revision in the future or an ongoing stakeholders involvement in planning except for hired consumers and families through existing service teams.*
- The plan contains diverse staff hiring and efforts to reach out to diverse communities; in addition, the use of interpreters, phone-line communication, contracts and training. *No defined goals and outcome for collaboration are identified.*

## **Children and Youth**

There are 12 general child serving outpatient clinics throughout Riverside County, plus some specialty population clinics ( not described); multiple school sites (not described in terms of ethnicity, etc). Wraparound services ( SB 163) is currently being fully implemented, serving 28 children. Expansion of these services will not be funded by MHSA. The plan describes an existing team of “Parent Partners” as full-time county employees assigned to children’s clinics throughout the county. An additional eight (8) new parent positions are being added to serve children, including bilingual Spanish capacity. Through expanded services, identified training and capacity building, the plan assures recovery and resilience of those cared for.

**OAC Concerns:**

- *The Full Service Partnership plan described pgs. 60 –74 makes no mention of the specific ethnic populations they will be targeting.* This is an important consideration that needs to be addressed given the large number of un-served Asian, Latinos and Native Americans described in Chart A. The plan however describes well in details who, what, and why the service approaches identified were chosen. Special commendation for the specific Evidence-Based-Practices identified and described.

**Transition Age Youth**

Riverside indicates they have no specialized mental health services for this challenging population. Current services rely pretty much on a community partner serving several aspects of youth needs, or the use of children’s or adult services. Riverside County plans to establish three (3) new Centers serving specifically TAY focusing on youth who are at risk or who are homeless, those in crisis and those involved with criminal justice and youth in the Mental health Court through intensive case management (available 24/7). Services of 1:15 ratio is an effective plan.

Peer Support and Resource Centers are developed under the System Development program, and will be part of the system for Full Service Partnerships as well. Crisis intervention program includes a progressive “ Crisis Residential Treatment Programs” to attend to immediate identified needs. Augmented Board and Care services will also be available.

This is a comprehensive well orchestrated and empowering series of program initiatives that allows youth to lead, while family involvement through “ Family to Family” provides group support. This is an aggressive plan that includes 266 youth to be served. OAC extends special commendation for the identification of specific evidence-based practice models.

**OAC Concerns:**

- *The plan makes no mention of the challenges or inclusion of diverse populations – specific goals would be helpful.*

**Adults**

This is very ambitious service plan that includes the collaboration and integration of various service providers with special emphasis on “ consumer driven services and family

education.” The program will serve 365 consumers in Adult Integrated Service Recovery Centers. Co-occurring disorder treatment is integral to the services. A new Housing Development Unit is to be established for all ages. The program proposes to establish a Mental Health Court Program, and Jail Mental Health Outreach. The concept of the formation of an Advisory Board composed of consumers and family members to guide and to provide feedback for program improvement is progressive and empowering. Doing with consumers and families is part of this plan. The hiring of four (4) Consumer Advocates is clearly included in the budget.

**OAC Concerns:**

- Riverside describes well the strategies to access bilingual/bicultural personnel and demonstrates creativity in using and engaging students interns in the process. *However, the plan does not make emphasis in describing the consumer population that will be the major target for these services. Specific ethnic goals would be helpful here.*
- *There is not the same clarity of Evidence-based-practice identification here as there was in the children’s and TAY sections.*

**Older Adults**

An Older Adult Outpatient Clinic exists in only one region of Riverside (the region is not identified). Staff designated to serve this age population are deployed to two regions in three outpatient settings. The committee appreciates the articulation of the need to develop an infrastructure and attitudinal change for an Older Adult FSP. The concept of an Older Adult System of Care described in the plan needs to be followed closely and appears to be an excellent and progressive idea that will focus on the following activities: oversight, set direction, accountability and advocacy.

The service plan is dynamic and inclusive with special focus on bilingual services through additional bilingual staff hired. The services proposed include a mobile field-based multi-disciplinary team. The program will serve 163 consumers. The committee appreciates the identification of a promising model currently used in Los Angeles and supports the screening and consultation in public health clinics.

**OAC Concerns:**

- *As with other programs in this plan, the outreach to ethnic communities description would be strengthened with specific goals, and consideration of strategies beyond using community organizations and hiring bilingual staff.*
- *The role of the Peer Counselor to reach out to isolated older adults with a team of volunteers under the supervision of Coordinator needs to be more clearly described. Roles and responsibilities will need to be identified to clarify liability and quality of interventions.*

**Conclusion**

**Question:** The overarching question for the Oversight and Accountability Commission is:” How will the three-year Community Services and Supports plan move your county system toward the standard of comprehensive, timely, appropriate services in the Mental

**Health Services Act?” The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.